

Application for Registration of Building Officials, Code Inspectors, & Plan Reviewers

Page 1 – Applicant Information

Requires information regarding the applicant, including the classification(s) being applied for.

Page 2 – Code Enforcement Verification

This section requires the employment verification and signature of an elected official from the unit of government (Township, City, Village, or County) the applicant is being employed with. The applicant's signature is also required.

Pages 3 & 4 – Employment Record

Requires a summary of each employer the applicant has worked for.

Building Inspector:

- Must have 4 years (8,320 hours) of experience, within the last 12 years, actively engaged in the construction business; if you are a licensed residential builder or maintenance and alteration contractor, please include a copy of your license
- Posses a license as an architect or engineer with the State of Michigan; a copy of the license must be included
- Up to 2 years may be considered for completion of a recognized curriculum in a construction related field. (1 year, 2,080 hours for an Associates Degree; 2 years, 4,160 hours for a Bachelors Degree) A copy of the degree must be provided
- Only work experience related to structural carpentry, structural masonry, structural steel erection, and structural concrete construction can be considered

The following are examples of supporting documentation of work experience, which should be submitted with the application:

- Building permits & inspection reports (if self employed)
- Letters of reference stating the type of work performed and the amount of time spent of each project
- Letters from employers on company letterhead and signed by an authorized company representative stating job duties, percentage of time spent on each duty, dates of employment, and amount of hours worked per week

Please note: Character references cannot be considered towards work experience

Electrical Inspector:

- Must have 2 years experience as a licensed journey worker or licensed as a master electrician within the State of Michigan
- A copy of the license must be provided

Mechanical Inspector:

- 4 years of experience in heating ventilation and air conditioning (HVAC), or hydronic heating and process piping, or a combination of experience in both classifications; 2 of the 4 years shall have been at the journey level or higher

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- Letters of reference stating the type of work performed and the amount of time spent of each project
- Letters from employers on company letterhead and signed by an authorized company representative stating job duties, percentage of time spent on each duty, dates of employment, and amount of hours worked per week

Please note: Character references cannot be considered towards work experience

Plumbing Inspector:

- Must have 2 years experience as a licensed journey worker or licensed as a master plumber within the State of Michigan
- A copy of the license must be provided

**Application for Registration of Building Officials,
Code Inspectors, and Plan Reviewers**
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of Local Government and Consumer Services
P.O. Box 30255
Lansing, MI 48909
517-241-9347

Authority: 1986 PA 54
Completion: Mandatory to be registered
Penalty: May not be employed as a building official, code inspector, or plan reviewer

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political belief. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Act 54 of 1986 and the Building Official, Plan Reviewers, and Inspector Registration Rules requires all building officials, plan reviewers, building, electrical, mechanical, and plumbing inspectors to **apply for registration with the Construction Code Commission within 30 days of employment**. To register, an applicant shall complete and submit this form to the Construction Code Commission at the above address with the employment record and correct fee. This application must be completed in its entirety, and include required supporting documentation. Incomplete applications cannot be processed and will be returned to the applicant.

New Applicant

Currently Registered - Registration Number _____

Applicant Information

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER*	
HOME ADDRESS		HOME TELEPHONE NUMBER (Include Area Code)	
CITY	COUNTY	STATE	ZIP CODE

Listed below are the registration classifications. Please indicate the classifications for which you are seeking registration by placing a check mark in the appropriate box or boxes.

1. **"Building Official"** means a construction code enforcement person working as an inspector, or plan reviewer, or actively engaged in the administration and enforcement of adopted building, electrical, mechanical, or plumbing codes, or any combination of these codes.
Prerequisite: Registration as an inspector or plan reviewer for two years.

2. **"Inspector"** means the person responsible for the administration and enforcement of the construction of buildings, structures, or appurtenances under the requirements of the applicable building, electrical, mechanical, or plumbing code administered and enforced within the jurisdiction of the employing enforcing agency.

Indicate which trade or trades you will be inspecting and provide your license number and class (Contractor, Master, or Journey) if appropriate. **Include a copy of all licenses issued by the State of Michigan or the local licensing authority.**

Category	License #	Class	Category	License #	Class
Building	_____	_____	Mechanical	_____	_____
Electrical	_____	_____	Plumbing	_____	_____

3. **"Plan Reviewer"** means a person engaged in the practice of examining construction documents for the purpose of determining compliance with applicable codes.

Indicate the type of plan review you will be performing:

Building	Electrical	Mechanical	Plumbing
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OFFICE USE ONLY

Submit **\$10.00** for **each classification** for **each year** of the current code cycle for which you are seeking registration.

\$	Total Fee
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Make check or money order payable to
State of Michigan

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Code Enforcement Employment Verification (To be completed by the elected official or designee)

(If employed by more than one unit of government, attach additional sheets)			Date of Hire:	
UNIT OF GOVERNMENT	COUNTY		Indicate code and edition currently being enforced Building _____ Mechanical _____ Electrical _____ Plumbing _____	
STREET ADDRESS	TELEPHONE NUMBER (Include Area Code)			
CITY	STATE MI	ZIP CODE		
DESCRIPTION OF DUTIES TO BE PERFORMED AS A CODE OFFICIAL				
Is this applicant replacing a previously registered inspector? Yes No				
NAME OF PERSON BEING REPLACED			REGISTRATION NUMBER	DATE EMPLOYMENT TERMINATED
I hereby certify the applicant is in the employment of this unit of government, performing the type of work described on this application.				
PRINT OR TYPE NAME OF ELECTED OFFICIAL OR DESIGNEE			TITLE	
SIGNATURE OF ELECTED OFFICIAL OR DESIGNEE			DATE	

Code Enforcement History Verification

Are you or have you previously been employed as a building official, code inspector or plan reviewer? Yes No	
UNIT OF GOVERNMENT (Attach a list if more than four)	DATES OF EMPLOYMENT
UNIT OF GOVERNMENT	DATES OF EMPLOYMENT
UNIT OF GOVERNMENT	DATES OF EMPLOYMENT
UNIT OF GOVERNMENT	DATES OF EMPLOYMENT

An applicant for registration as an electrical or plumbing inspector shall indicate their license number on the front of this form and ***must attach a copy of their license.***

An applicant for building inspector or plan reviewer, who holds a Michigan residential builder, maintenance and alteration, or architect or engineer license, shall indicate their license number on the front of this form and ***must attach a copy of their license.***

An applicant for mechanical inspector who holds a Michigan mechanical contractor license shall indicate their license number on the front of this form and ***must attach a copy of their license.***

All applicants must complete the attached Employment Record. List all work experience starting with your most recent employment and working backwards. Provide a *detailed description* of regularly assigned, ongoing duties for each job; include percentage of time spent on each duty. Attach additional sheets if necessary. Each form shall be signed by the employer or supervisor.

Qualifications for registration are evaluated by reviewing the employment records to determine that the applicant meets the minimum requirements set forth in the Construction Code Commission Rules providing standards for provisional registration, specifically, Rules 31 through 49. **(Please note that Rule 37 requires 4 years of combined experience. 2,080 documented hours of field experience will be considered equal to 1 year.)** Copies of the rules are available from the Michigan Department of Labor and Economic Growth, Bureau of Construction Codes and Fire Safety.

All forms and attachments to the application shall be identified with your name and social security number.

Applicant Certification and Signature

I hereby certify all information contained in this application is true and complete. I agree and understand any falsification of material fact will result in my forfeiting any rights to consideration for registration under the provisions of 1986 PA 54, and the associated administrative rules.	
SIGNATURE OF APPLICANT	DATE

Employment Record

To ensure your application is processed in a timely manner, please refer to the instructions attached to this application for documentation requirements. Provide a detailed description of regularly assigned, ongoing duties for each job, including percentage of time spent on each duty. Attach additional sheets if necessary.

EMPLOYER		JOB TITLE	
STREET ADDRESS		DATES OF EMPLOYMENT (MONTH/DAY/YEAR):	AVERAGE HOURS PER WEEK:
CITY		From: To:	
		STATE	ZIP CODE
Percentage	Description of Your Duties		
%			
%			
%			
%			
%			
100%	SUPERVISOR'S SIGNATURE		TELEPHONE NUMBER (Include Area Code)

EMPLOYER		JOB TITLE	
STREET ADDRESS		DATES OF EMPLOYMENT (MONTH/DAY/YEAR): From: _____ To: _____	AVERAGE HOURS PER WEEK:
CITY		STATE	ZIP CODE
Percentage	Description of Your Duties		
%			
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%			
100%	SUPERVISOR'S SIGNATURE		TELEPHONE NUMBER (Include Area Code)

Employment Record

EMPLOYER		JOB TITLE	
STREET ADDRESS		DATES OF EMPLOYMENT (MONTH/DAY/YEAR): From: _____ To: _____	AVERAGE HOURS PER WEEK:
CITY		STATE	ZIP CODE
Percentage	Description of Your Duties		
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100%	SUPERVISOR'S SIGNATURE	TELEPHONE NUMBER (Include Area Code)	

EMPLOYER		JOB TITLE	
STREET ADDRESS		DATES OF EMPLOYMENT (MONTH/DAY/YEAR): From: _____ To: _____	AVERAGE HOURS PER WEEK:
CITY		STATE	ZIP CODE
Percentage	Description of Your Duties		
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100%	SUPERVISOR'S SIGNATURE	TELEPHONE NUMBER (Include Area Code)	

If necessary, make additional copies of this form.